1,	PART B - FEE(S) TRANSMITTAL							O. Wa	
· ·	Complete and send this form, together with applicable fe				Commis P.O. Bos Alexand	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-14 (571) 273-2885		FEB 1 5 2006	
in	NSTRUCTIONS: This form propriate. All further corredicated unless corrected be aintenance fee notifications.	low or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and	PUBLICATION FE	EE (if requi	vill be mailed to the current	correspondence address a	
_	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address			•	papers, Eac	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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יב יוני. ר	APPLICATION NO. FILING DATE		FIRST NAMED II		D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/609,370	07/01/2003	<u> </u>		Young		PF383D1	4500	
TI	TITLE OF INVENTION: HEREGULIN-LIKE FACTOR								
	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION	N FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	ovisional NO		\$1400			\$1700	02/28/2006	
	EXAMINER		ART UN	IIT	CLASS-SUBCI	CLASS-SUBCLASS			
	AEDER, SEAN E		1642		435-00600	435-006000			
ī. Cī	<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3.	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
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	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Human Genome Sciences, Inc. Rockville, Maryland									
	Georgetown University Medical Center Washington, D.C.								
Pl	Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖫 Corporation or other private group entity 🚨 Government								
4a	a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
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5.	Change in Entity Status (f	rom status indicated above	e)						
_	a. Applicant claims SM.				_	_	LL ENTITY status. See 37 C		
Th No in	ne Director of the USPTO is OTE: The Issue Fee and Pub terest as shown by the record	requested to apply the Issulication Fee (if required) vis of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if and from anyon Office.	ny) or to re-apply an e other than the appl	y previously icant; a regi	y paid issue fee to the applica stered attorney or agent; or the	ation identified above. he assignee or other party i	
_	Authorized Signature	La Stan			~	Date $\overline{\mathcal{J}}$	/		
					<b>.</b>	Danistanti	No. 50,748		
	Typed or printed name	Karen L. Car	LOTT		H	Registration	NU. <b>JU./40</b>		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Attorney Docket No.: PF383D1

Young, et al.

Application No.: 10/609,370-Conf. #4500

Group Art Unit: 1642

Filed: July 1, 2003

Examiner: S.E. Aeder

For: Heregulin-like Factor

## TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Return Receipt Postcard;
- 2. Issue Fee Transmittal (1 page); and
- 3. Part B Fee(s) Transmittal (1 page, in duplicate).

Please charge our Deposit Account No. 08-3425 in the amount of \$1,700.00 covering the required fees. Please charge any additional fees due, or credit any overpayment, to our Deposit Account No. 08-3425. If a fee is required for an extension of time under 37 C.F.R. § 1.136, such an extension is requested and the appropriate fee should also be charged to our Deposit Account.

Dated: February 15, 2006

Respectfully submitted,

Karen L. Carroll

Registration No.: 50,758

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